DEPARTMENT OF TRANSPORTATION OVERTIME AND/OR HOLIDAY WORK					From		Pay p	eriod(s) To	
					Office				
				Division					
Instructions - Forward the original of this form to the appropriate payroll office for the purpose of supporting payroll vouchers. One copy should be				Branch					
filed in the office responsible for certification of time and attendance reports.				Section					
Request for approval - Authority is requested for the performance of: overtime and/or holiday work, as indicated.				Appropriation chargeable					
			F	Paid overtime and/or holiday duty		d/or	Compensatory overtime		
Names or number of employees	pos (Sha "WS"	ade of sition(s) ow "GS", ', or other tification)	Indicate overtime ty R=Regular Schedu I=Irregular! Schedul C=Call Bac	rly iled ly led	Esti- mated number of hours	Estimated cost	Estimated number of hours		Signature of employee If he elects compensatory time off (or indicate "see attached requests from employees")
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				_					
			-						
Justification									
	- · · · · · · · · · · · · · · · · · · ·								
Requested by (Signature)			Availability of funds					Date	
Title	Date	APPROVA		Autho	norizing official				Date